REQUEST FOR SITE PLAN WAIVER

PROJECT NAME			TELEI	PHONE	DATE	
BLOCK(S)			LOT (S)	ZON	ГЕ	
APPI	LICANT	Γ'S NAME:				
MA	ILING A	ADDRESS:				
PHONE:						
DES	CRIPT	ION OF REQUEST	FOR WAIVER:			
ADV	/ICE O	F ZONING OFFI	CER: (Received: _)		
MIN	IMUM I	REQUIREMENTS (Section 126-137)			
TE	TP					
		Has submitted approved site plan and resolution of approval.				
		Involves maintenance or replacement such as new painting and similar activity.				
		Does not violate circulation, drainage, buffer, lighting				
		or other considerat	ions of the approved Sit	e Plan.		
		Approval	of Township Engin	eer and Township Plann	ier:	
Robert C. Bogart, PE Date			Date	Scarlett Doyle, PP	Date	
Township Engineer				Township Planner		

FILLING REQUIREMENTS

Please submit 4 (four) sets of the application form with any other supporting documents and two separate checks - \$25.00 application fee and \$500.00 escrow fee with completed and signed W-9 form